

# 2005 ANNUAL FACILITY REPORT



## GENERAL INFORMATION

(Must be completed for **each** facility on site)

### 1. Facility Location

Facility Name	Street Address
Town	State/ZIP

### 2. Permits

List all Department of Environmental Services (DES) or Division of Public Health Services (DPHS) Permit Numbers (including groundwater and air permits). Do not list burn permits.

### 3. Permittee Information

Name	Mailing Address
Town	State/ZIP

### 4. Operators

Please list all facility operators employed at this facility during 2005. For additional entries, please use a separate sheet of paper.	Is the facility operator certified under the solid waste operator certification program? (yes or no)	If yes, include certification number

### 5. Operational Status (check one)

☐

Operated all of 2005

☐

Did not receive waste in 2005

☐

Operated part of 2005 only. Stopped/started receiving waste on \_\_\_\_\_, 2005

Estimate the percent of the community's trash and recyclables brought to this facility: \_\_\_\_\_%

Estimate the remaining life expectancy (years) of this facility and, if the facility is a landfill, estimate the remaining capacity (either tons or cubic yards). \_\_\_\_\_ Years, \_\_\_\_\_ Tons **OR** \_\_\_\_\_ Cubic Yards

**6. Hours of Operation (if seasonal, so specify)**

Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	_____	Saturday	_____
		Sunday	_____

**7. For Municipal Facilities**

Check which collection and recycling options are available to residents of your community.

**MSW****Recycling****Service Options**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Curbside, Municipal Service  
Curbside, Municipal Contract with Private Hauler  
Curbside, Individual Contract with Private Hauler  
Residential Drop-off  
Name of Hauler(s)\_\_\_\_\_

**8. For Municipal Facilities Only - Financing of Facility**

What method of financing is used to fund facility?

Annual User Fees	Yes	_____	No	_____	If yes, how much per household?	_____
Pay As You Throw	Yes	_____	No	_____	If yes, how much per bag?	_____
Budget Line Item	Yes	_____	No	_____	If yes, how much per year?	_____

*(If a combination of financing, please indicate all types and amounts.)*

**9. Contact Information**

Who should be contacted with waste disposal or recycling related questions?

Name

Mailing Address

Town

State/ZIP

Email

**10. Certification**

I hereby certify that, to the best of my knowledge, the information provided on this form and the attached facility forms is true and correct. I am a duly authorized representative of the owner (or permittee).

Authorized Signature

Date

Printed Name & Job Title

Daytime Telephone Number